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| <p>To be inserted by Court</p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p> |
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AFFIDAVIT OF PERSONAL INJURY PARTICULARS OF *[FULL NAME OF DEPONENT]* MADE ON *[DATE]*

[SUPREME/DISTRICT/MAGISTRATES] Delete all but one COURT OF SOUTH AUSTRALIA
 CIVIL JURISDICTION
[MINOR CIVIL] If applicable
[NAME OF LIST] LIST If applicable

Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for each party. Each party should include a party number if more than one party of the same type.

[FULL NAME]
 First Applicant

[FULL NAME]
 First Respondent

[FULL NAME]
 First Interested Party

| | | |
|--|--|-----------|
| Applicant | Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable)) | |
| Name of law firm / solicitor If any | Law Firm | Solicitor |

Duplicate panel if multiple Applicants

| Applicant Details | |
|---|--|
| Date of Birth | |
| Marital Status | |
| Dependant children | |
| Occupation at the time of the injury | |
| Occupational/employment history for the 3 years prior to the injury | Set out dates for each occupation where relevant |
| All educational, trade or other occupational qualifications achieved and dates of achievement | |

Duplicate panel if multiple Applicants

| General Damages | |
|--|--|
| Parts of body injured | |
| Nature of the injuries: Describe injuries. e.g. broken bone, sprain, bruising, ligamentous | |
| Scars: If any Describe scars | |
| Parts of the body lost: If any Describe parts, e.g. tooth, eye, finger, leg | |
| Periods spent in hospital: If any If more than one period, please provide particulars e.g. dates | |

Periods off work: If any

Please give dates, name and address of employer

Work after the injury:

Please give details of any employment and dates of employment since the injury

Attempts to obtain work after the injury:

Please provide details of each attempt to obtain employment including the outcome of the attempt

Loss of ability to perform:

(a) Domestic tasks, types of tasks and for how long:

(b) Recreational activity – types of activities and how long:

e.g. sport, social life, gardening

Symptoms still being experienced: If any

Any unrelated Injuries

If you have suffered any other injuries before or after the accident/incident, complete the following detail

Dates of unrelated injuries, where and how they occurred:

Nature of unrelated injuries:

Ongoing effects or disabilities from unrelated injuries: *if any*

Compensation received for or in relation to other injuries: *if any*
If Court proceedings were started with respect to unrelated injuries, identify the Court, the Court action number and the result. You may get this information from the Court that you used

Worker's compensation payments received for or in relation to other injuries and periods for which the payments were made: *if any*
Payments received and periods for which they were made

Medical Treatment & Expenses
Give details of the names and addresses of all medical practitioners, dentists, physiotherapists, chiropractors, psychologists and any other health professionals whom the applicant has consulted in relation to the injury caused by the accident/ incident with the dates of each consultation. If a claim is being made for the cost of any consultation fill in the last two columns and be prepared to produce receipts for each amount claimed

| Name | Address | Dates Consulted | Fee | Mark if paid |
|------|---------|-----------------|-----|--------------|
| | | | \$ | [] |
| | | | \$ | [] |
| | | | \$ | [] |
| | | | \$ | [] |
| | | | \$ | [] |

IMPORTANT NOTICE
 If you intend to call any medical or other expert witnesses at the trial, you must obtain a written report from the proposed witness and supply a copy of that report to the Court and the respondent within the time fixed by the Rules of Court.

Loss of Income

Name and address of employer on the date of the accident/incident: *If any*

Date of commencement of the employment held at the date of the accident/incident: *If any*

Periods off work as a result of the injury: *If any*

If more than one period give the details

Change of duties or hours resulting in a loss of income as a result of the injury, the loss of income after tax and the period during which the loss occurred: *If any*

Money received for worker's compensation, insurance, Centrelink or other compensation received with respect to loss of income and give details of the periods to which they related: *If any*

Gross annual taxable income and the total income tax paid with respect to that income for the 3 financial years immediately prior to the accident/incident: *If any*

Gross annual taxable income and the total income tax paid with respect to that income in relation to the financial years after the injuries were suffered in respect of which any loss of income is claimed: *If any*

Attempts to obtain alternative employment since the accident/incident: *if any*

Future Loss of Income

Disability arising from the accident/incident which will in the future affect your ability to earn income and the expected effect: *if any*

Claim for Domestic Help

Help given to you since the accident/incident by your parent, spouse or child and the periods during which the services were given by each: *if any*

Help given to you by people other than your parent, spouse or child, the periods during which you received the help, the person supplying the help and any money paid to them: *if any*

Summary of Monetary Claims

For each of the following heads, state the amount claimed and how you worked it out

Special damages, medical and other treatment expenses: \$

Loss of past income: \$

Deponent the person who is making the affidavit

| | | | |
|---------------|--|-------|----------------|
| Deponent | Full Name | | |
| Address | Street Address (including unit or level number and name of property if required) | | |
| | City/town/suburb | State | Postcode |
| | Country | | |
| | Email address | | |
| Phone Details | Type (eg. Home; work; mobile) - Number | | Another number |

Affidavit

Mark appropriate section below with an 'x'

I, [full name],

swear on oath that:

do truly and solemnly affirm that:
the information contained in this form is true and correct to the best of my knowledge and belief.

[Sworn/Affirmed] select one by the deponent

At [place]

On [date]

.....
Signature of Deponent

before me
Signature of attesting witness
Must be an authorised witness – see rule 31.9

.....
Printed name of witness

.....
Qualification as authorised witness under section 27A(3) of the Oaths Act 1936.

Stamp here if applicable

.....
Identification of witness if applicable
(ID number of Justice of the Peace; rank, identification number and "South Australia Police" for police officer)

Service

The party filing this document is required to serve it on all other parties in accordance with the Rules of Court.

Next box not displayed on completed affidavit

Please ensure you have complied with instructions for completing an affidavit

Instructions

- Please review the Codes of Practice in relation to Affidavits published by the Attorney-General under s 33 of the *Oaths Act 1936* before completing this form.
- The person who makes the affidavit is called the deponent. The deponent makes the affidavit by taking an oath or affirmation in the presence of an authorised witness.
- Each page of the affidavit, including any exhibit(s), must be consecutively numbered starting with page 2.
- Each page of the affidavit (but not any exhibit) must be signed by both the deponent and the witness.
- A single 'front page' must be inserted in front of the exhibit(s) in Form 14.
- An exhibit to an affidavit must be clearly marked to identify it as the exhibit referred to in the affidavit.
- The declaration should be confined to facts and should not include submissions.
- The declaration should not reproduce material already contained in affidavits or other material already filed in the matter. It should not exhibit documents already exhibited to affidavits filed in the matter. In both cases it is sufficient to simply refer to such material or documents and the place where they may be found.

- An affidavit is to be sworn or affirmed in this State in accordance with section 6 of the *Evidence Act 1929* or, if made elsewhere, in accordance with the law for the taking of oaths or the making of affirmations in that place.
- The deponent must swear or affirm the affidavit before a person authorised by law to witness the swearing or affirming of affidavits ('the witness'). Persons authorised to witness an affidavit are:
 - (a) a Commissioner for taking affidavits in the Supreme Court;
 - (b) a justice of the peace;
 - (c) a police officer, other than a police officer who is a probationary constable;
 - (d) a person admitted and enrolled as a notary public of the Supreme Court;
 - (e) any other person of a class prescribed by regulation.
- The contents of the affidavit cannot be altered after the affidavit has been sworn or affirmed.
- If the deponent is illiterate or blind, see rule 31.7(6). If the deponent does not appear to understand English sufficiently, see rule 31.7(7).